DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0348	A. BUILDING: _____ B. WING _____	C 04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Tenants without cognitive impairment: 80 Tenants with cognitive impairment: 9 Total census: 89 No regulatory insufficiencies were cited during the investigation of Complaint # 131528-C and Complaint # 131663-C. Regulatory insufficiencies were cited during the investigation of Incident # 131726-I and Complaint # 131835-C.	A 000	see attached POC 5/31/26	
A 122	481-67.3(2) Tenant Rights 481-67.3(231B,231C,231D) Tenant rights. All tenants have the following rights: 67.3(2)?To receive care, treatment and services that are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews, the Program failed to provide services that were adequate and appropriate for 3 out of 12 tenants (Tenant #4, Tenant #5, and Tenant #8). Findings follow: 1. Record review on 4/15/26, revealed Tenant #4's most recent service plan dated 3/11/26 revealed the following scheduled tasks he would receive as part of his paid services: a. Weekly housekeeping services provided by	A 122		

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A 122	Continued From page 1 staff. b. Staff provided laundry services weekly. Tenant #4's occupancy agreement dated 8/9/23, which was the standard occupancy agreement for all assisted living tenants indicated the following services were included in the base rental payment: a. Weekly light housekeeping service b. Tenant's personal clothing, bed linens, and towels will be laundered once a week. When interviewed on 4/15/26 at 12:55 p.m., Tenant #4 indicated he experienced problems with housekeeping. He had gone two to three weeks at a time with no housekeeping services. Tenant #4 added the laundry services were the same way. 2. Record review on 4/15/26, revealed Tenant #5's occupancy agreement dated 11/8/23 , which was the standard occupancy agreement for all assisted living tenants indicated the following services included in the base rental payment: a. Weekly light housekeeping service b. Tenant's personal clothing, bed linens, and towels will be laundered once a week. When interviewed on 4/14/26 at 8:05 a.m., Tenant #5 indicated she experienced problems with housekeeping. She had been skipped for housekeeping services beyond a week's time. Tenant #5 confirmed the laundry services were the same way. Tenant #5 added she paid a lot of money to live in her apartment, she believed tenants should at least be reimbursed when the services they paid for were not provided on a regular basis.	A 122		

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A 122	Continued From page 2 3. Record review on 4/15/26, revealed Tenant #8's most recent service plan dated 1/9/26 revealed the following scheduled tasks Tenant #8 would receive as part of his paid services: a. Weekly light housekeeping service b. Tenant's personal clothing, bed linens, and towels will be laundered once a week. When interviewed on 4/15/26 at 10:22 a.m., Tenant #8 indicated he experienced problems with housekeeping. Tenant #8 confirmed he was on his second week of no housekeeping services. Tenant #8 confirmed the laundry services were the same way and he would get skipped for over a week. He lost several handkerchiefs and briefs when his clothes were laundered. During an observation of Tenant #8's toilet on 4/15/26 at 10:26 a.m., the toilet was extremely stained and dirty with excrement. When interviewed on 4/14/26 at 12:35 p.m., the Activity Assistant confirmed housekeeping was a big problem at the Program. The rooms were not getting cleaned. The Activity Assistant added the Program was short of staff in the housekeeping department off and on and when positions were open, no other staff were made to step in and cover those services. When interviewed on 4/14/26 at 1:05 p.m., Staff A confirmed tenants constantly approached her about housekeeping services being skipped for two weeks at a time. Staff A added she was instructed to tell tenants the Executive Director was working on it if tenants brought concerns such as housekeeping issues. Staff A confirmed she on occasion heard complaints from tenants their laundry services were not completed for	A 122		

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A 122	Continued From page 3 over a week too. When interviewed on 4/15/26 at 8:25 a.m., Staff B confirmed she worked in housekeeping. Staff B reported she received complaints from tenants on a daily basis. Staff B added she tried to relay the tenant concerns to the Executive Director on multiple occasions but her door was always closed and locked. The Executive Director had not answered when staff knocked. Staff B indicated she used to finish her floor faster and go to other floors to help out but she recently was instructed she was no longer to leave her floor to assist others. Staff B added when staff called in or the position was open, the rooms were not cleaned. Staff B confirmed laundry was not completed each week for all tenants. Staff B reported the laundry schedule was recently moved to completing all 80 tenants laundry in three days with four washing machines. Staff B added the task was impossible for staff. When interviewed on 4/15/26 at 2:42 p.m., the Executive Director confirmed she started in her position in January of 2026. The Executive Director confirmed problems existed with laundry and housekeeping due to open positions. She added the problems were being worked on. The Executive Director reported new laundry schedules were created and new housekeeping staff were hired. When interviewed on 4/15/26 at 3:10 p.m., the Executive Director and the Regional Nurse Consultant confirmed the above findings.	A 122		
A 125	481-67.3(5) Tenant Rights	A 125		

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A 125	Continued From page 4 481-67.3(231B,231C,231D) Tenant rights. All tenants have the following rights: 67.3(5) To receive from the manager and staff of the program a reasonable response to all requests. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews, the Program failed to provide reasonable responses to all tenant requests for 4 out of 12 tenants (Tenant #4, Tenant #5, Tenant #6, and Tenant #7). Findings follow: 1. Record review on 4/15/26, indicated Tenant #4 moved into his apartment on 11/29/19. When interviewed on 4/15/26 at 12:55 p.m., Tenant #4 reported during the first part of this year, tenants were notified of a large increase in rent. Tenant #4 had concerns regarding the large increase and told his son about it. Tenant #4 knew his son talked to the Executive Director about the increase concern but he had not heard from his son on how the discussion went. Tenant #4 reported he stopped by the Executive Director's office one day and asked if she spoke with his son. Tenant #4 confirmed the Executive Director only stared at him and then walked away without responding to him. Tenant #4 was upset he was treated this way. 2. Record review on 4/15/26, indicated Tenant #5 moved into her apartment on 11/21/23. When interviewed on 4/14/26 at 8:05 a.m., Tenant #5 indicated she attempted to speak to the Executive Director on several occasions regarding different concerns, one included her	A 125		

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A 125	Continued From page 5	A 125		

rent increase. Tenant #5 was told the Executive Director had no answers and was waiting on corporate. Tenant #5 attempted to call corporate offices several times but could not reach a real person or leave a message.

3. Record review on 4/15/26, indicated Tenant #6 moved into his apartment on 7/6/24.

When interviewed on 4/14/26 at 2:00 p.m., Tenant #6 reported he used to attend the tenant council meetings monthly. Tenant #6 indicated the Executive Director or an administrative representative would attend. Tenant #6 stopped attending the meetings because nothing was done about the tenant concerns. Tenant #6 indicated they never saw solutions.

4. Record review on 4/15/26, indicated Tenant #7 moved into her apartment on 10/6/24.

When interviewed on 4/14/26 at 3:18 p.m., Tenant #7 indicated she attempted to meet with the Executive Director on several occasions but was blown off. Tenant #7 was told later by the Executive Director they would meet, however that did not happen.

5. During an attempt to request further documents from the Executive Director on 4/8/26 at 11:16 am, the surveyor knocked because the door was closed and locked with an electronic keypad lock.

When interviewed on 4/14/26 at 12:35 p.m., the Activity Assistant reported tenants have specifically been told by the Executive Director they should not knock on her door. The tenants were instructed to tell the concierge at the front desk and sit and wait if they wanted to speak to

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A 125	Continued From page 6 her. When interviewed on 4/14/26 at 1:05 p.m., Staff A reported she had tenants come to her daily wanting to talk to the Executive Director. Staff A indicated no matter what the topic was, she was supposed to tell the tenants: the Executive Director was working on it. Staff A reported the front desk staff was supposed to set up appointments for tenants to talk to the Executive Director or email the Executive Director regarding an appointment for tenants. Staff A observed many tenants and tenant families who had appointments, sat and waited past the time of their appointments without being acknowledged. Staff A observed tenant appointments that were canceled on them. When interviewed on 4/15/26 at 8:25 a.m., Staff B confirmed she worked in housekeeping. Staff B reported she received complaints from tenants on a daily basis. Staff B added she tried to relay the tenant concerns to the Executive Director on multiple occasions but her door was always closed and locked. The Executive Director had not answered when staff knocked. When interviewed on 4/14/26 at 2:47 p.m., a tenant that resided in the independent living side of the building indicated she participated in the independent living and assisted living combined tenant meetings. She reported they gave the Executive Director their concerns regarding food, rate increases and housekeeping. The independent living tenant indicated the group never received solutions but received the same response each month: She was working on it or waiting for a response from corporate. 6. Record review of policies on 4/15/26 revealed	A 125		

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A 125	Continued From page 7	A 125		

an undated Grievance policy for tenants. The policy revealed the following directives:

Staff were expected to listen to complaints. If team members were able to do so, they would attempt to explain the reason for the procedure or incident in question. If tenants were not satisfied, team members would explain the Community's steps for making a complaint, which were:

a. The tenant could discuss the concern or complaint with the Executive Director of the Community. If there was no resolution to the matter or the tenant did not feel comfortable discussing the matter with the Executive Director, then:

b. The tenant could discuss the concern or complaint with the Regional Director of Operations.

When interviewed on 4/15/26 at 2:42 p.m., the Executive Director confirmed she started in her position in January of 2026. The Executive Director added when she started, a rental increase was implemented by the corporate office soon after. She reported all of the tenants wanted to talk to her about it and it was hard to complete other tasks. The Executive Director added the Program also hired a new business director and she had to train that person which took time. The Executive Director added there was a gap in her position before she started and she also had to take time to get systems caught up from that gap. She confirmed tenants likely felt like she had not been responsive due to the large amount of work during a short time frame that was being completed.

When interviewed on 4/15/26 at 3:10 p.m., the

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A 125	Continued From page 8 Executive Director and the Regional Nurse Consultant confirmed the above findings.	A 125		
A 285	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and indicate: a. The tenant's identified needs and preferences for assistance; This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the Program failed to ensure the service plan was individualized and included all identified needs for 1 out of 12 tenants (Tenant #1). Finding follows: Record review on 4/8/26, revealed Tenant #1's most recent functional needs assessment was completed on 12/30/25. The functional needs assessment indicated Tenant #1 was at risk for falls and had several falls in the past few years. Tenant #1's most recent service plan dated 12/30/25 revealed Tenant #1 required intervention to decrease identified fall risk. Staff was to provide custom interventions to decrease fall risk. The service plan failed to identify what the custom interventions were. When interviewed on 4/8/26 at 12:02 p.m., the Health Services Director confirmed the service plan failed to identify what the custom interventions were for Tenant #1's fall prevention. When interviewed on 4/15/26 at 3:10 p.m., the	A 285		

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A 285	Continued From page 9 Executive Director and the Regional Nurse Consultant confirmed the above findings.	A 285		
A 287	481-69.26(4)c Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and indicate: c. The service provider(s), if other than the program; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to identify all service providers other than the Program on the service plan for 1 out of 12 tenants (Tenant #1). Finding follows: Record review on 4/8/26, revealed Tenant #1 had a physician's order dated 12/31/25 for a therapy evaluation for occupational and physical therapy. Tenant #1's resident service notes revealed the following entry: 1/16/26 - Tenant #1 was receiving occupational and physical therapies for gait, balance, and strength. Tenant #1's most recent service plan dated 12/30/25 contained no information regarding the provider who assisted Tenant #1 with occupational and physical therapies. When interviewed on 4/8/26 at 12:02 p.m., the Health Services Director confirmed the service plan failed to identify the provider that assisted Tenant #1 with occupational and physical therapy.	A 287		

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A 287	Continued From page 10 When interviewed on 4/15/26 at 3:10 p.m., the Executive Director and the Regional Nurse Consultant confirmed the above findings.	A 287		

A122 – 481-67.3(2) Tenant Rights

Deficient Practice

The Program failed to provide services that were adequate and appropriate related to housekeeping and laundry services.

Opportunities Identified

- Services must consistently align with occupancy agreements.

Findings

- No infection control concerns were observed.
- Community was observed to be clean and orderly.

Corrective Action

- Housekeeping schedules were immediately reviewed to ensure compliance following previous quality assurance corrections.
- All resident apartments were cleaned within the prior two-week period.
- Additional staffing support has been added within housekeeping.
- Laundry schedules were reviewed and adjusted for improved efficiency and consistency.
- Leadership oversight and communication expectations within housekeeping were reinforced.
- Weekly apartment cleaning audits and laundry service monitoring will be implemented.
- A supervisor for the housekeeping department was identified improve departmental accountability and continuity.

Monitoring Plan

- Maintenance Director or designee will complete weekly housekeeping and laundry audits for 90 days.
- Findings will be reviewed during leadership meetings and QAPI.
- Additional staffing adjustments and education will occur as needed to improve continuity and reduce errors.

Responsible Parties

- Executive Director
- Maintenance Supervisor
- Housekeeping Lead/Designee

Alleged Compliance Date

May 31, 2026

A125 – 481-67.3(5) Tenant Rights

Deficient Practice

The Program failed to provide reasonable responses to tenant requests.

Opportunities Identified

- Timeliness and consistency of administrative response.
- Clarity in communication regarding billing and rent increases.

Corrective Action

- An Executive Director and Business Office Manager were hired and orientated to the facility to assist with resident and family concerns.
- The update in the billing system was completed.
- Increased leadership presence and resident accessibility have been implemented.
- Resident Council and monthly Town Hall meetings will continue as scheduled.
- Monthly newsletters and weekly activity communications continue for increased communication.
- Defined response time expectations for resident and family concerns are being established and reviewed with leadership.
- Front desk and leadership communication expectations have been standardized.
- Leadership delegation and staffing stabilization efforts continue to improve responsiveness and operational support.

Monitoring Plan

- Executive Director will monitor resident grievances, follow-up concerns, and appointment responsiveness weekly for 90 days.
- Resident concerns and resolutions will be reviewed during Townhall Meetings and leadership meetings.
- Additional education and process revisions will be completed as needed.

Responsible Parties

- Executive Director
- Health Service Director
- Business Office Manager
- Department Managers

Alleged Compliance Date

May 31, 2026

A285 – 481-69.26(4)a Service Plans

Deficient Practice

The Program failed to ensure service plans were individualized and included all identified needs.

Corrective Action

- Resident care plans were reviewed and updated to ensure individualized interventions are clearly identified.
- Nursing leadership reviewed expectations regarding documentation of fall interventions and individualized services.
- Written guidance regarding care plan expectations will be provided to clinical staff.
- Weekly QA care plan audits were implemented.

Identification of Other Residents at Risk

- All resident service plans were reviewed for individualized interventions and documentation consistency.

Monitoring Plan

- Nursing leadership will complete weekly audits of care plans for 90 days.
- Findings will be reviewed during QAPI meetings.
- Additional staff education will be provided as needed.

Responsible Parties

- Executive Director
- Health Services Director/Delegating Nurse

Alleged Compliance Date

May 31, 2026

A287 – 481-69.26(4)c Service Plans

Deficient Practice

The Program failed to identify all outside service providers within resident service plans.

Corrective Action

- Current care plans were reviewed and updated to accurately reflect outside providers and services.
- Nursing leadership clarified expectations regarding documentation of outside therapy and ancillary providers.
- Frequent review of residents receiving outside services was implemented.
- Standardized care plan review processes were implemented.

Monitoring Plan

- Weekly care plan audits will be completed by nursing leadership for 90 days.
- Findings will be reviewed through high risk meetings and corrective action processes.

Responsible Parties

- Executive Director
- Health Services Director/Delegating Nurse

Alleged Compliance Date

May 31, 2026

Miranda Barnhart
Executive Director
Eagle Pointe Place

Administrator Statement

Eagle Pointe Place respectfully submits this Plan of Correction as its credible allegation of compliance. The facility alleges compliance by the dates listed within this document and will maintain ongoing monitoring to ensure sustained compliance with Iowa Assisted Living Program requirements.

END Plan of Correction.